

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/10/03.

I. DISPUTE

Whether there should be reimbursement for date of service 12/04/02.

II. RATIONALE

The Requestor is asking for reimbursement for a Select Comfort 5000 Mattress set in the amount of \$1,874.95.

In August 2002, the Requestors treating physician requested the mattress as durable medical equipment and asked the Carrier for reconsideration of the previous denial. A utilization review findings indicated the original decision was upheld and denied the request for the mattress set. A "Notice of Utilization Review Findings Forte Utilization Review Number: 510223 F 1" was mailed to the treating physician, injured worker and the supplier of the mattress set. The Requestor submitted a customer order form from Select Comfort showing she purchased the mattress set on 12/04/02. The Requestor's attorney on 1/9/03 submitted a request to the insurance carrier for reimbursement in the amount of \$1,874.95 for the mattress set purchased on 12/04/02 by the Requestor. A retrospective utilization review was performed by Forte on 1/17/03 and the mattress set was not approved for reimbursement.

The Respondent indicates in their position statement that, despite the fact pre-authorization was denied and upheld on appeal, the Requestor purchased the mattress set. TWCC Rule 134.600(h)(11) states, "all durable equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental)..." must be require pre-authorization. In this case, the mattress set was denied pre-authorization in August 2002. The Requestor did not obtain pre-authorization for the mattress set prior to purchase on 12/4/02. On this basis, reimbursement is denied.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement.

The above Findings, Decision and Order are hereby issued this 26th day of January 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd